

<b>DEPARTMENT:</b> Case Management	<b>ORIGINAL APPROVAL:</b> 10/14/2009
<b>POLICY #:</b> CM.315	<b>LAST APPROVAL:</b> 06/02/2010
<b>TITLE:</b> Exceptions to Benefit and Extensions to Benefit	
<b>APPROVED BY:</b> Medical Management Leadership Team	
<b>DEPENDENCIES:</b> None	

## PURPOSE

This policy defines the management of an eligible Community Health Plan (CHP) member's and/or provider's request regarding an exception or extension to benefit.

## POLICY

### HEALTHCARE COVERAGE – EXCEPTION TO BENEFIT

An eligible member and/or the member's provider may request CHP to pay for a non-covered healthcare service. This is called an exception to benefit.

1. CHP cannot approve an exception to benefit if the requested service is excluded under state statute.
2. The item or service(s) for which an exception is requested must be of a type and nature which falls within accepted standards and precepts of good medical practice;
3. All exception requests must represent cost-effective utilization of program funds as determined by CHP.
4. A request for an exception to rule must be submitted to CHP in writing within ninety days of the date of the written notification denying authorization for the non-covered service. For CHP to consider the exception to benefit request:
  - a. The member and/or the member's healthcare provider must submit sufficient member-specific information and documentation to CHP which demonstrate the member's clinical condition is so different from the majority that there is no equally effective, less costly covered service or equipment that meets the member's need(s).
  - b. The member's healthcare professional must certify that medical treatment or items of service which are covered under the member's medical assistance program and which, under accepted standards of medical practice, are indicated as appropriate for the treatment of the illness or condition, have been found to be:
    - i. Medically ineffective in the treatment of the member's condition; or
    - ii. Inappropriate for that specific member.

## **HEALTHCARE COVERAGE – EXTENSION OF LIMITATION**

This section addresses requests for limitation extensions (additional covered services when a member has received the maximum services allowed under specific healthcare program rules). The department does not pay for services exceeding the maximum allowed until authorization is obtained.

1. No extension of covered services will be authorized when prohibited by specific program rules.
2. When an extension is not prohibited by specific program rules, a member or the member's provider may request a limitation extension.
3. CHP evaluates requests for limitation extensions according to CHP's prior authorization process.
4. CHP considers the following in evaluating a request for a limitation extension:
  - a. The level of improvement the member has shown to date related to the requested service and the reasonably calculated probability of continued improvement if the requested service is extended; and
  - b. The reasonably calculated probability the member's condition will worsen if the requested service is not extended.

### **Written Member Notification**

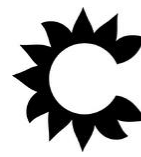
Within fifteen business days of receiving the request, CHP sends written notification to the provider and the member:

1. Approving the exception to benefit request;
2. Denying the exception to benefit request; or
3. Requesting additional information.
  - a. The additional information must be received by CHP within thirty days of the date the information was requested.
  - b. CHP approves or denies the exception to rule request within five business days of receiving the additional information.
  - c. If the requested information is insufficient or not provided within thirty days, CHP denies the exception to benefit request.

### **Evaluation, Approvals & Denials**

The CHP medical director or designee evaluates and considers requests on a case-by-case basis. The CHP medical director has final authority to approve or deny a request for exception to benefit.

**Members do not have a right to a fair hearing on exception to benefit decisions.**



## LIST OF APPENDICES

None.

## CITATIONS & REFERENCES

CFR		
WAC	388-501-0169, 388-501-0160	
RCW		
CONTRACT CITATION	<input checked="" type="checkbox"/> BH (BHS, BH-SUB, BH-HCTC)	
	<input checked="" type="checkbox"/> HO/SCHIP (HO, SCHIP, S-MED, BH+)	
	<input checked="" type="checkbox"/> GA-U	
	<input checked="" type="checkbox"/> WHP	
	<input type="checkbox"/> MA	
OTHER REQUIREMENTS	—	
NCQA ELEMENTS		

## REVISION HISTORY

REVISION DATE	REVISION DESCRIPTION	REVISION MADE BY
8/11/09	Original	Verni Jogaratnam
10/14/2009	Approval	MMLT
05/24/2010	Revised	Verni Jogaratnam
06/02/2010	Approval	MMLT